

LIGHTING

2025 Energy Efficiency Incentive Form

This institution is an equal opportunity provider.

ELIGIBILITY CRITERIA

- New equipment must be installed on cooperative's lines.
- ❖ Incentive not to exceed 50% of the equipment cost.
- Incentives are in place through December 26, 2025. Funds are limited so submit required documentation as soon as possible.
- Required documentation must be submitted within 3 months of purchase date.
- Additional eligibility criteria may apply. Program is subject to change or cancellation without notice. Contact cooperative for details.
- Required documentation listed below must be submitted no later than 3 months after purchase date.
 - ✓ This incentive form
 - ✓ A copy of your receipt or invoice for each item with purchase price(s) circled
 - ✓ For fixtures, include packaging or documentation showing number of lumens

Submit required documentation to: Oakdale Electric Cooperative | PO Box 40 Oakdale, WI 54649-0040

MEMBER INFORMATION (Please fill out entire section)											
Member Name					Email *Email addresses will be used for cooperative communication only						
Address				Account							
City		State Zip		Date Member			Member S	r Signature			
Incentive for:	Residential	esidential Farm Commercial Industrial Institution/Governm						ent Othe	r:		
INCENTIVE INFORMATION:											
(Please fill in gray shaded boxes for requested incentives. Green shaded cells to be filled out by cooperative.)											
Equipment	Incentive							Quantity	Equipment Cost	Total Incentive	
LED Bulb	\$0.50	Incentive request must be for 5 or more bulbs. Quantities less than 5 bulbs do not qualify.									
LED Exit Sign	\$5										
LED Fixture	\$0.50 per 800 lumens	Enter information for LED fixtures with same lumen output on each line below. Continue on back of form if needed.									
		Number of	Lumens per Fixture:	Number of Fixtures:							
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		Number of	Lumens per Fixture:			Number of	Fixtures:				
Occupancy Sensor	\$5	Does not include motion detector bulbs or fixtures									
Total Incentive Amount Requested:											
		OFFICE USE ONLY									
Approved Not Approved-Reason:								Total Incentive Issued: \$			
Cooperative Representative:								Date:			